



BrightonSM

POLICE DEPARTMENT

"Prevent Crime and Disorder"

PUBLIC RECORDS REQUEST

Name _____

Company Name _____

Address _____

Email Address _____

Phone Number _____

Document Requested _____

Reason _____

Signature: _____ Date: _____

*I affirm that the information contained in these documents will not be used for soliciting business for pecuniary (financial) gain.

For Central Records Use:

Document(s) Provided for Viewing: _____

Number of Pages Copied: _____

Document(s) Copied: _____

Date Request Filled: _____

Request Filled By: _____

☐ Emailed ☐ Mailed ☐ Faxed ☐ In-Person ☐ Other _____